Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program: Keys to Successful FY 2022 Reporting

Presentation Transcript

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Evette Robinson: Before we proceed with today's webinar, I would like to remind everyone that we ask that you submit any questions, pertinent to the webinar topic, to us via the Chat tool. Any unanswered questions will be responded to and considered for publication in the QualityNet Questions and Answers Tool at a later date. Any questions received that are not related to the topic of the webinar will not be answered in the Chat tool. Instead, we recommend that you go to the QualityNet Q&A tool to search for posted question-and-answer pairs, as well as submit any new questions to us that are not already addressed in the Q&A tool or in a previously published summary of questions and answers. The slides for this presentation were posted to the Quality Reporting Center website prior to the event. If you did not receive the slides beforehand, please go to QualityReportingCenter.com in your web browser and, on the bottom left of the screen, you will see a list of Upcoming Events. Click on the link for this event and there you will find the presentation slides available for download.

Hello, everyone, and welcome to the webinar titled, *IPFQR Program: Keys to Successful FY 2022 Reporting*. My name is Evette Robinson. I am the Program Lead for the IPFQR Program with the Inpatient VIQR Support Contractor, and I will be the presenter for today's webinar.

The purpose of this presentation is to summarize the fiscal year 2022 IPFQR Program requirements for the upcoming August 2021 data submission deadline, provide keys to successful data submission, and offer guidance to verify data accuracy.

By the end of this presentation, attendees will be able to summarize the fiscal year 2022 IPFQR Program requirements, successfully submit data by avoiding common submission errors in the Hospital Quality Reporting system, as well as locate and access helpful IPFQR Program resources.

Let's begin by reviewing the data submission requirements for fiscal year 2022.

To obtain the full annual payment update, or APU, for the FY 2022 payment year, an IPF must meet all IPFQR Program requirements by Monday, August 16, 2021, or be subjected to a 2-percentage point reduction to their APU for fiscal year 2022. The deadline is extended due to the original deadline of August 15, 2021, falling on a weekend.

This slide lists all requirements that IPFs must meet by August 16, 2021. An IPF must maintain at least one active Security Administrator/Official, or SA/O, though CMS recommends that each IPF have at least two SA/Os. The IPFQR Program Notice of Participation, or NOP, must have a pledge status of "Participating." IPFs must submit measure and non-measure data, which we will review in more detail throughout this presentation. Once the measure and non-measure data have been entered, an IPF must complete the Data Accuracy and Completeness Acknowledgement, or DACA, as an attestation that the data entered are accurate and complete.

Although the reporting periods, submission deadlines, and payment determination periods have not changed due to COVID-19 for the fiscal year 2022 data submission period, CMS issued an Extraordinary Circumstances Exception, or ECE, memo that exempts IPFs from submitting measure and non-measure data for discharges that occurred from January 1, 2020, through June 30, 2020. More details about the ECE policy are outlined in the COVID-19 memo found at the link displayed on this slide (https://www.cms.gov/files/document/guidance-memo-exceptions-and-extensions-quality-reporting-and-value-based-purchasing-programs.pdf). Note that IPFs can submit individual ECE requests for Quarter 3 and/or Quarter 4 of 2020, if their ability to report measure and non-measure data were impacted by COVID-19.

Specifically, IPFs are exempt from submitting measure and non-measure data for discharges that occurred from January 1, 2020, through June 30, 2020 (Quarter 1 through Quarter 2 of 2020), for the following:

Hospital-Based Inpatient Psychiatric Services, or HBIPS-2, -3, and -5 measures; the Substance Use, or SUB-2/-2a, -3/3a, measures; the Tobacco Use, or TOB-2/-2a, -3/-3a, measures; the Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record measures; the Screening for Metabolic Disorders, or SMD, measure; and non-measure data. Note the exemption does not apply for the IMM-2 measure because the IMM-2 measure data were collected for discharges that occurred October 1, 2020, through March 31, 2021, for the FY 2022 payment determination.

The table on this slide and the following slide display the IPFQR Program reporting period, data submission deadline, measure type, and indicate whether sampling is allowed for each measure. For more details about sampling options for the IPFQR Program, specific to calendar year 2020 discharges, refer to pages 14 and 15 in version 5.1 of the IPFQR Program Manual.

This slide is a continuation of the table listing the chart-abstracted measures that are to be reported by the August 16, 2021, submission deadline. You will notice that the Follow-up After Hospitalization for Mental Illness, 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF, and Medication Continuation Following Inpatient Psychiatric Discharge measures are not included in the measure requirements table. These are claims-based measures, which require no action by IPFs because CMS collects and calculates the data for these measures.

The next several slides will describe our recommended keys to successful reporting for the fiscal year 2022 payment determination.

The first key to successful reporting is to access and log in to the Hospital Quality Reporting, or HQR, system. The HQR system replaced the QualityNet Secure Portal in December 2020 as the only CMS-approved method for IPFQR Program data and DACA submission.

CMS highly recommends that all IPFs ensure at least two people with knowledge of the data can verify the accuracy of the data entered in the HQR system, even if data entry is done by a vendor.

To log in to the HQR system, go to the HQR HARP Sign In page by clicking on the first link on this slide. Enter your HARP User ID and password. Then, click Login. If you do not have a HARP account, sign into Hospital Quality Reporting and follow the prompts to create one. You may refer to the webinar titled, *Setting Up Your HARP Account for Hospital Quality Reporting* for additional guidance. We provided a link to that webinar for your convenience.

Select an option for two-factor authentication to be sent to verify your account and click Next. The device options – such as email, SMS text, and voice – were setup when you registered for your HARP account.

Once you have received the code, enter the code, and click Continue.

Read the terms and conditions, and click on Accept to continue.

After following these steps, you will be logged in and taken to the HQR landing page.

The second key to successful reporting is to ensure that the IPF has at least one active Security Administrator/Official. The SA/O is the person in the organization who can grant HQR system access to those who need to enter, review, and confirm accuracy of the data submitted. Each participating IPF must have at least one active SA/O at the time of the submission deadline, August 16, 2021. A second SA/O is highly recommended as backup in case the primary SA/O's account expires. All users MUST log in to the HQR system at least once every 90 days to keep their account active. Consider putting a reminder on your calendar to log in every two months, so that your account remains active throughout the year. Also, if you are not sure about your SA/O status contact the QualityNet Help Desk for assistance by calling (866) 288-8912.

The third key to successful reporting is to manage the IPFQR Program Notice of Participation, or NOP. As mentioned earlier, an IPF must have an NOP status of "Participating" in the HQR system by August 16, 2021, in order to be considered for the full fiscal year 2022 APU. To access the NOP for one or more IPFs you must be logged into the HQR system. Hover your mouse on the left side of the screen to expand the menu options and click on Administration. Then, click Notice of Participation.

If your facility participates in more than one quality reporting program, as shown in the image on this slide, then you will have the option to view each program's Notice of Participation. Click the View button on the IPFQR row.

If you choose to participate in the IPFQR Program for the first time, you will have to enter the name and contact information for at least two contacts at your facility. They will be notified of any updates that occur with the IPFQR Program NOP. Click on the plus (+) sign next to the text Notice of Participation to review and sign the NOP. If the IPF closes or chooses not to participate, contact the IPFQR Program support contractor to learn how to withdraw from the IPFQR Program.

The fourth key to successful reporting is to prepare and verify the accuracy of the IPF's data prior to submitting. During your data preparation, we recommend that you compare this year's values to those submitted in previous years, where applicable. Generally, significant changes in values would not be expected and should invite closer review before finalizing submission. Measure values should always be reviewed by one or more persons familiar with the facility's operations, annual census, and population. Also, values that seem out of line with general expectations should be reviewed to verify accuracy. Later in the presentation, we will review a tool that is available to assist you with this process. The aim of the next several slides is to emphasize instructions on how to identify incorrect data entries and extreme outliers. We want to ensure that all IPFs understand the importance of submitting correct and accurate data to CMS, which will be publicly reported.

The first measure-specific suggestions will pertain to the HBIPS-2 and HBIPS-3 measures. The HBIPS-2: Hours of Physical Restraint Use measure numerator data should include the total number of hours that all psychiatric inpatients were maintained in physical restraint. The numerator for the HBIPS-3 measure should reflect the total number of hours of seclusion. It is important to ensure that the numerator values entered are the total number of hours – not minutes or days – that all psychiatric inpatients were placed in physical restraints for HBIPS-2 or seclusion for HBIPS-3. The system allows for entry of data that includes up to seven whole number digits and up to two decimal digits in the numerator field for these two measures. Next, check the denominator data by ensuring that the HBIPS-2 and HBIPS-3 measures have the same denominator values. Ensure that the total number of psychiatric inpatient days are entered for the denominator value. In other words, the HBIPS-2 and HBIPS-3 denominator values should not be entered as hours or minutes. Also, you may enter up to six digits for the denominator. It cannot be 0 if the numerator is a non-zero number. If this occurs, please review your data. Remember, a 0 or numeric value must be entered into each field. If you need to round your raw data to comply with this decimal format, use traditional rounding conventions. If the last digit is a five or higher, round up. Otherwise, round down.

A few key guidelines for preparing data for other measures, as well as the non-measure data and population counts data entry pages are listed on this slide. For the HBIPS-5, SUB, TOB, IMM-2, Transition Record, and Screening for Metabolic Disorders measures, the numerator and denominator data must be entered in whole number digits. You will be able to enter up to five whole number digits for the numerator and up to six whole number digits for the denominator. The denominator cannot be 0 if the numerator is a non-zero number. For non-measure data/population counts, all values must be entered as whole numbers of up to five digits.

This slide displays a tool that summarizes CMS' guidance for identifying questionable measure and non-measure data for the IPFQR Program.

It was created to help IPFs identify data entered in error and data that are missing, invalid, or that exceed the parameters described in this presentation. The hope is that IPFs will submit complete and accurate data prior to the August 16, 2021, deadline. If you have questions regarding the criteria to identify questionable data as it pertains to your facility's data in the HQR system during the data submission period, send an email to IPFQualityReporting@hsag.com with Measure Accuracy Question in the subject line. In the next several slides, I will review various criteria provided in this tool to identify questionable measure and non-measure data for the fiscal year 2022 payment determination.

We will begin with guidance on how to identify incorrect data entries for the HBIPS-2 and HBIPS-3 measures. Check that the denominator values of the HBIPS-2 and HBIPS-3 measures are the same number of psychiatric inpatient days, are not less than the total number of annual discharges (as reported on the non-measure data entry page), were not accidentally multiplied by 24 (resulting in a value that represents patient-hours instead of patient-days), are not significantly different from previous years' submissions, were not mistakenly reported as the number of days in the calendar year (for example, 365 days), and denominators do not exceed 365 times the total number of beds at the IPF. With respect to the calculated rates for the HBIPS-2 and HBIPS-3 measures, the HBIPS-2 measure value should not equal or exceed five hours per 1,000 patient hours of care, and the calculated HBIPS-3 measure value should not equal or exceed four hours per 1,000 patient hours of care.

To avoid questionable data entry of HBIPS-2 and HBIPS-3 denominator values, the data entry page has one data entry field for the denominator of both measures.

CMS recommends that you re-check your data for the measures listed in the box on this slide, if you find that the denominator is greater than the total number of discharges or if the numerator exceeds the denominator.

An additional criterion for the measures in the box on this slide is that the subset measure numerator cannot be greater than the primary measure numerator. For example, it would be considered questionable data if the numerator for the SUB-2a measure was greater than the numerator for the SUB-2 measure. Also, it would be considered questionable data if the numerator for the Timely Transmission of Transition Record measure was greater than the numerator for the Transition Record with Specified Elements Received by Discharged Patients measure.

This slide shows two additional criteria for the Screening for Metabolic Disorders measure. We recommend that you re-check your data if 0 is reported for the numerator and/or denominator values for the Screening for Metabolic Disorders measure, but your IPF is reporting values other than 0 for the HBIPS-5 measure. Also, re-check the data if the Screening for Metabolic Disorders measure denominator value is smaller than the denominator value for the HBIPS-5 measure.

If you find that your non-measure data meet any of the criteria listed on this slide (total number of discharges by Age Strata, by diagnostic categories, or by payer category is greater than the Total Annual Discharges), then be sure to re-check your data for accuracy.

Once you have prepared and verified the accuracy of the data, you will want to access the Simple Data Entry Form for the IPFQR Program to enter the measure and non-measure data values, which is the fifth key to successful reporting.

To access a facility's data entry pages, you will need to first, log in to the HQR system, hover your mouse on the left side of the screen to expand the menu options, and select Data Submissions. Next, click the Data Form button. Then, under the Select the Data Form sub-header, select IPF and click Launch Data Form. If you are someone logging in from the IPF, then the next screen will display the index page of the Simple Data Entry form. This lists all non-measure and measure data entry pages for the summer

2021 data submission period. Click the Start Measure button to begin the data entry process

If you are a vendor who has access to submit data for multiple IPFs, you will follow the same steps described above, except that you will have the option to choose the provider for which data will be entered. In order to change to the data entry form of another provider, click the blue Change Organization button.

The next step is to enter data into all the fields. This slide uses the HBIPS-2 and HBIPS-3 data entry page as an example of what the data entry pages look like, but you will need to enter data for each measure. Once each field is populated, click the green Save & Return button at the bottom of the page. This returns you to the index page. As data are entered and saved for each data entry page, a check mark and the word "Complete" will appear next to the name of the data entry screen.

From the index page, you can view the calculated measure results and see a breakdown of the data entered by clicking the "+" sign next to the name of the measure or measures. Once all data entry pages have been populated and saved, the tracker at the top of the page will change to show a checkmark next to the Enter stage.

The Preview stage will be indicated by a blue circle with the number 2, and the Submit stage will remain greyed out. After the last Save & Return button is selected, a box will appear with warning messages to signal entry of questionable data, if applicable. Review data entries again to ensure that these warning messages are addressed before proceeding to the next step.

If changes need to be made to the data, click the Edit Measure hyperlink to make changes to data already entered. Note that if you click the Edit Measure hyperlink, you will need to click the Save & Return button to save the data, even if no changes are made on the data entry page.

If data are entered, that will result in calculation of a rate(s) that is higher than expected. A warning message will appear after clicking the Save & Return button. You will have the option to edit the data or confirm that the data entered are correct.

The image on this slide shows the warning messages that will appear when HBIPS-3 values are entered that result in a rate that exceeds the 4 hours per 1,000 patient hours of care rate described earlier in this presentation.

If inappropriate data are entered, then a warning message will appear in red after clicking the Save & Return button. This image shows the type of error that will appear if a numerator value greater than the denominator value is entered into the data entry tool. Warning messages in red text will alert you to the error that needs to be corrected, and the affected data entry fields will be outlined in red. You must replace the values in all fields outlined in red with the correct values to make the warning messages go away. If you do not make changes to these fields, the error messages will not go away, and the data will not be saved.

Another example of a warning message that will appear in red after clicking the Save & Return button is displayed on slide 46. The numerator of the subset measure (in this case, the Timely Transmission of Transition Record measure) is greater than the numerator of the primary measure's numerator (the Transition Record with Specified Elements Received by Discharged Patients).

Again, you must replace the values in all fields outlined in red with the correct values to make the warning messages go away. If you do not make changes to these fields, the error messages will persist, and the data will not be saved.

As previously stated, as data are saved in each of the data entry pages a green check mark and the word "Complete" will appear next to the name of the data entry page to indicate that data are saved in the system. You can click on the blue button to the left of each entry screen name to see a complete list of the data that was entered on that page. The top half of the

index page displayed on this slide shows you that you can also view the calculated results for the measures, where applicable, a notation of where higher or lower rates are better, and a hyperlink with the option to edit the data, if needed.

This slide displays the lower half of the index page of the Simple Data Entry tool. After data have been saved in all the data entry fields and all error messages corrected, click the blue "I'm ready to submit" button located at the bottom of the index page. Once all data have been successfully submitted, a green box will appear at the top of the page, and completion of all three stages of the submission process (Enter, Preview, and Submit) will be marked with a green circle and a checkmark.

To export the entered data into a PDF file, click the Export Data button at the top right of the screen. This button will only appear when the data have been successfully submitted.

Next, I will review each of the data entry pages, highlighting any distinguishing features where applicable.

The images on this slide show the top portion of the data entry page for non-measure data. All required fields are indicated by a red asterisk, and you will notice that messages appear in blue boxes above the entry fields for the age strata and diagnostic categories, stating that the sum of the values entered in each of these sections must equal the total annual discharges.

You will find the Payer and Global Sample sections of the data entry page upon scrolling down the page. For the Global Sample question, you will select Yes or No from a drop-down menu.

A preview of the data entry page for the HBIPS-2 and HBIPS-3 measures was shared on prior slides. Data for these two measures will be entered on the same data entry page, where one denominator value will be entered for both measures. This is because the denominator for both the HBIPS-2 and HBIPS-3 measures are expected to be the same.

On the data entry page for HBIPS-5, displayed on this slide, be sure that the numerator value does not exceed the denominator value.

This is the data entry screen for the Screening for Metabolic Disorders measure. Data for the Transition Record measures will be entered on one screen. As a reminder, a case can only be included in the numerator of the Timely Transmission of Transition Record measure after it first meets the numerator criteria for the Transition Record with Specified Elements Received by Discharged Patients measure. In other words, be sure that the numerator value for the Timely Transmission of Transition Record measure does not exceed the numerator of the Transition Record with Specified Elements Received by Discharged Patients measure, as described in the criteria to identify questionable data.

On slide 57, you see the data entry page for the SUB-2 and SUB-2a measures, which is like prior years: There is only one field for the denominator because the denominator for both the SUB-2 and SUB-2a measures are expected to be the same.

Similarly, the data entry page for the SUB-3 and SUB-3a measures is like prior years : There is only one field for the denominator because the denominator for both the SUB-3 and SUB-3a measures are expected to be the same. This also applies for the data entry page for the TOB-2 and TOB-2a measures wherein the denominator for these measures are expected to be the same.

The same applies for the data entry page for the TOB-3 and TOB-3a measures which are expected to share the same the denominator values.

This is the data entry page for the IMM-2 measure. You will notice that the denominator for this measure only includes inpatients over six months of age discharged between October and March. This measure is structured this way due to the seasonality of influenza. For the fiscal year 2022 payment determination, this would include data collected between October 1, 2020, and March 31, 2021.

The next key to successful reporting for the IPFQR Program is to review your submissions before signing the DACA form. It is important that IPFs review all measure and non-measure data for accuracy and completeness, before and after they are submitted into the Simple Data Entry tool. Only then complete and submit the DACA.

IPFs can submit or edit previously submitted measure data and non-measure data, as well as complete the DACA, prior to the submission deadline of August 16, 2021.

A third-party vendor may submit data on an IPF's behalf if the vendor has been previously authorized; however, the IPF must complete the online DACA form prior to the August 16, 2021, deadline.

The DACA is the only opportunity for IPFs to attest to the accuracy and completeness of the data submitted to CMS, which will be publicly displayed at a later date. IPFs cannot enter or edit data after the submission deadline.

Data that are entered as of 11:59:59 p.m. Pacific Standard Time on Monday, August 16, 2021, will be considered final. We highly recommend that you enter the data as far in advance of the deadline as possible.

When all the measure and non-measure data have been entered, reviewed, verified, and confirmed to be accurate, then it is time for a representative of the IPF to complete the DACA form.

To access the DACA there are two options. The first option is to access the DACA from the Data Entry overview page immediately after all data are successfully submitted. If you are a representative of the IPF, then the banners in the image on this slide will appear at the top of the screen to indicate that measures were successfully submitted and that the IPFQR Program DACA is ready to be signed. Click the Sign button to access the DACA form. Note that if you are logged in as a vendor, you will not have access to sign the DACA.

Option 2 is applicable for someone who is not logged in at the time that the data entry process is completed. You will need to log into the HQR system, hover your mouse on the left side of the screen, click on Administration, and then click DACA. To complete and sign the DACA, first, enter your job title in the empty field below the word "Position." Then, click the button next to the statement "I confirm that the information I have submitted is accurate and complete to the best of my knowledge." Finally, you will click the Sign button at the bottom of the page.

Once again, a third-party vendor may submit data on an IPF's behalf if the vendor has been previously authorized by the facility; however, a representative from the IPF must complete the online DACA form prior to the August 16, 2021, deadline.

Once the DACA is submitted successfully, a confirmation message will appear above the signature line. Also, at the bottom of the page is the option to export the signed DACA as a PDF form.

You may ask yourself, "What if I edit data after signing the DACA?" If you edit and re-save any measure or non-measure data on the data entry pages, then you will need to return to the DACA and click the Re-Sign button at the bottom of the page to sign the DACA form again, confirming your approval of the edits that were made. If you do not re-sign the DACA after making changes, your DACA submission will be incomplete.

The IPF Provider Participation Report is in development. Until it is available, follow the steps listed on this slide to complete the seventh key to successful reporting: Re-check all fiscal year 2022 IPFQR Program requirements. First, check your IPF's SA/O status. You can do this by ensuring that the SA/O for your IPF logs in to the HQR system at least once during the data submission period. If the SA/O's status has lapsed, contact the QualityNet Help Desk at (866) 288-8912 for assistance.

Next, check the IPFQR Program Notice of Participation. You can do this after logging into the HQR system by following the instructions on slides 24 through 25 of this presentation.

Then, check the accuracy of the data entered by reviewing the exported PDF data report against your facility's data.

Finally, it is important to check to ensure that the DACA was completed in the HQR system based on instructions provided in previous slides. If, after all data are submitted, the blue banner requiring a provider signature for the DACA no longer appears at the top of the index data entry page, then the DACA form is complete. You can view the signed DACA by hovering on the left side of the HQR system landing page. A menu will appear with the option to click on Administration. Select DACA. From there, you will have the option to select and view the signed IPFQR Program DACA form.

Let's review the seven keys to successful reporting. First and foremost, you must ensure that you have access to and are able to log in to the HQR system. The second key is that, while one active Security Administrator is required, we strongly recommend that each IPF have at least two active Security Administrators/Officials, so one can serve as a backup to the other. Third, be sure to manage the IPFQR Program Notice of Participation for your facility so that it has a status of "Participating" by the August 16, 2021, deadline. The fourth key is to prepare and verify the accuracy of all measure and non-measure data prior to submitting the data to the IPFQR Program Simple Data Entry tool. The fifth key is to enter and verify accuracy of the data that are in the Simple Data Entry tool. Next, a representative from the IPF must confirm that all IPFQR Program data reporting requirements have been met before completing the DACA. The final key is to re-check that all fiscal year 2022 IPFQR Program requirements have been met.

Remember, IPFs cannot change data nor complete the DACA form after the data-submission deadline.

We ask that you contact us, the IPFQR Program support contractor, about any key personnel changes, such as a change in leadership at the CEO or Administrator level, as well as any other quality reporting contacts. The best way to send us updates of this nature is to send a completed Hospital Contact Change Form via fax. The Hospital Contact Change Form can be accessed via the link on this slide.

In the next several slides I will review helpful resources pertaining to today's webinar as well as the IPFQR Program in general.

CMS has provided three IPFQR Program data accuracy tools which are available at the QualityNet and Quality Reporting Center websites, as displayed on this slide. These tools include the *Criteria to Identify Questionable FY 2022 Measure and Non-Measure Data for the IPFQR Program*, the data submission checklist, the data verification checklist for IPFQR Program measure and non-measure data submission, and administrative requirements for fiscal year 2022.

This slide displays a list of the acronyms that were referenced during this presentation.

This slide lists upcoming webinar topics. CMS uses the IPFQR Program Listserve to notify subscribers of future webinar information. In a few moments, I will provide more information about how you can subscribe to the IPFQR Program Listserve to receive email notifications about upcoming webinar events and other information about the IPFQR Program.

CMS recommends that IPFs refer to the updated IPFQR Program Manual for information pertaining to the IPFQR Program. The manual is located on the QualityNet and Quality Reporting Center websites, which can be accessed by clicking on the icons on this slide. The IPFQR Program Manual contains information about program requirements, program measures, and various tools pertinent to the IPFQR Program.

We encourage you to keep us up to date with points of contact at your facility by sending the completed Contact Change Form to us whenever

there are staff changes relevant to the IPFQR Program or other quality reporting programs.

We also recommend that you sign up for the IPFQR Program Listserve, if you have not already, by clicking on the Listserve Registration icon on this slide. Once enrolled in the IPFQR Program Listserve, you will receive communications pertaining to IPFQR Program webinars, program updates, and other announcements. Information about upcoming webinars can be viewed by clicking on the Upcoming Webinars icon.

We encourage everyone to leverage the Find an Answer function in the QualityNet Q&A tool to find information about program requirements and measures or, if not found, submit your inquiries to us via the tool. We also welcome your recommendations for future webinar topics via the Q&A tool, which you can access by selecting the Q&A Tool icon. You can click on the Email Support icon to send an email to us with questions regarding eligibility, or next steps for a newly eligible provider, or to notify us that an IPF is closed or will be closing. You can also contact the VIQR support contract team via phone at (866) 800-8765, or via secure fax at (877) 789-4443.

This concludes the content portion of today's webinar titled, *IPFQR Program: Keys to Successful FY 2022 Reporting*. Thank you for your time and attention. Have a great day!